

the authorizations for use of military force against Iraq, and for other purposes.

S.J. RES. 37

At the request of Mr. PAUL, the names of the Senator from Idaho (Mr. CRAPO) and the Senator from Montana (Mr. DAINES) were added as cosponsors of S.J. Res. 37, a joint resolution providing for congressional disapproval under chapter 8 of title 5, United States Code, of the rule submitted by Centers for Disease Control and Prevention relating to "Requirement for Persons To Wear Masks While on Conveyances and at Transportation Hubs"

S.J. RES. 38

At the request of Mr. MARSHALL, the name of the Senator from Montana (Mr. DAINES) was added as a cosponsor of S.J. Res. 38, a joint resolution relating to a national emergency declared by the President on March 13, 2020.

S. CON. RES. 9

At the request of Mr. HEINRICH, the name of the Senator from Idaho (Mr. RISCH) was added as a cosponsor of S. Con. Res. 9, a concurrent resolution supporting the Local Radio Freedom Act.

S. RES. 334

At the request of Ms. WARREN, the name of the Senator from Arizona (Mr. KELLY) was added as a cosponsor of S. Res. 334, a resolution memorializing those impacted by and lost to the COVID-19 virus.

AMENDMENT NO. 4933

At the request of Mr. SCOTT of Florida, the name of the Senator from Wisconsin (Mr. JOHNSON) was added as a cosponsor of amendment No. 4933 intended to be proposed to H.R. 3076, a bill to provide stability to and enhance the services of the United States Postal Service, and for other purposes.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. KAINE (for himself, Mr. MARKEY, and Ms. DUCKWORTH):

S. 3726. A bill to address research on, and improve access to, supportive services for individuals with long COVID; to the Committee on Health, Education, Labor, and Pensions.

Mr. KAINE. Mr. President, some studies have shown that upwards of 50 percent of people who have had COVID-19 will experience some form of post-acute sequelae of COVID-19 infection PASC, 6 months after infection, including neurological, cardiovascular, respiratory, and mental health symptoms. To date, there have been over 78 million cases of COVID-19 in the United States and an untold number who were infected but did not have access to testing to confirm their diagnosis. PASC, commonly known as long COVID, is a growing public health crisis in this country. I myself have experienced these symptoms and know firsthand the importance of increasing our understanding of the causes and

possible treatments for long COVID. Given the disproportionate impact of COVID-19 on communities of color, persons with disabilities, seniors, and first responders, we must ensure that there is equity in our work to address the needs of individuals with long COVID.

That is why Senators Markey, Duckworth, and I are introducing the Comprehensive Access to Resources and Education for Long COVID Act, or the CARE for Long COVID Act, legislation that would expand our knowledge of the symptoms of long COVID, barriers to care, and disparities in diagnosis and treatment. This bill would synthesize data on patients' experience with long COVID, compiling information crucial for further research and improved policy and treatment. Additionally, this bill would encourage research and recommendations around the health system's response to long COVID, with an emphasis on reducing disparities in communities that have experienced disproportionate harm during the pandemic. To ensure actionable research, this bill would require dissemination of findings to healthcare providers, patients, Federal Agencies, and other key stakeholders in a manner that is accessible.

This bill would also ensure that adults and children with long COVID have the resources they need to navigate workplaces and schools, building on efforts by the Biden administration to recognize long COVID as a disability. Specifically, this bill would facilitate interagency coordination to educate the public on the impact of long COVID and the rights associated with employment, disability status, and education for individuals with long COVID. To ensure that individuals with long COVID can access existing resources, this bill would fund grants for medical-legal partnerships and other collaborations between healthcare providers, community-based organizations, and legal services. Recipients would be able to use grant funds to support cooperative efforts, provide technical assistance, or hire staff in order to help individuals with long COVID access healthcare, social services, or legal services.

Robust response to the long COVID crisis will continue our efforts to address the equity and well-being of historically marginalized communities. We cannot afford to let the needs of individuals with long COVID go unmet any longer. I urge my colleagues to support the passage of the CARE for Long COVID Act so that we can take necessary steps towards meeting the needs of diverse communities with long COVID.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 529—SUPPORTING A DEMOCRATIC, PLURALISTIC, AND PROSPEROUS BOSNIA AND HERZEGOVINA ON THE 30TH ANNIVERSARY OF ITS DECLARATION OF INDEPENDENCE

Mrs. SHAHEEN (for herself, Mr. JOHNSON, Mr. MURPHY, Mr. DURBIN, Mr. WICKER, and Mr. PETERS) submitted the following resolution; which was referred to the Committee on Foreign Relations:

S. RES. 529

Whereas Bosnia and Herzegovina has historically been a pluralistic society influenced by and composed of a diverse set of religions, cultures, and ethnicities;

Whereas, on March 3, 1992, Bosnia and Herzegovina declared independence, and on April 7, 1992, the United States recognized Bosnia and Herzegovina as an independent state;

Whereas more than 100,000 people died and 2,000,000 more were displaced in Bosnia and Herzegovina between 1992 and 1995;

Whereas the United States, alongside the North Atlantic Treaty Organization (NATO), played a crucial role in ending the war in Bosnia and Herzegovina and brokering the General Framework Agreement for Bosnia and Herzegovina (also known as the "Dayton Agreement" and the "Dayton Accords") in November 1995;

Whereas the Dayton Accords ended the war, affirmed the territorial integrity and political independence of Bosnia and Herzegovina, established the Federation of Bosnia and Herzegovina, Republika Srpska, and two tiers of government at the state, entity, district, canton, and municipal levels, installed the NATO Stabilization Force (SFOR) as an international interim peace-keeping force, and created the Office of the High Representative for Bosnia and Herzegovina (OHR) to oversee civilian implementation of the accords;

Whereas, since the Dayton Accords were signed, the Government and people of Bosnia and Herzegovina have made important strides toward re-building a peaceful society based on democracy, human rights, the rule of law, and a free-market economy;

Whereas, in 2004, the United Nations Security Council adopted United Nations Security Council Resolution 1575 authorizing a multinational stabilization force led by the European Union (EUFOR) as the legal successor to SFOR in Bosnia and Herzegovina;

Whereas, in 2008, the Peace Implementation Council Steering Board set out the requirements that need to be met prior to the closure of the OHR in the 5+2 Agenda;

Whereas, since 2009 and the case of Sejdić-Finci, the European Court of Human Rights (ECHR) has issued judgments concerning ethnic- and territory-based discrimination in the elections of Bosnia and Herzegovina and requiring reforms, which have yet to be implemented;

Whereas Bosnia and Herzegovina was invited to join a NATO Membership Action Plan in 2010, and Bosnia and Herzegovina submitted its first Reform Program to NATO in 2019;

Whereas Bosnia and Herzegovina formally applied for European Union membership on February 15, 2016;

Whereas, on May 29, 2019, the European Union adopted a roadmap to membership for Bosnia and Herzegovina, outlining needed reforms in the areas of democracy, the rule of